

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212534838				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GE Commercial Finance Business PropertyCorporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F0440448</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6464 185TH AVENUE NE SUITE 100</p> <p style="text-align: center;">CITY/ST/ZIP: REDMOND, WA 98052</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREG VIECELI TITLE: PRESIDENT ADDRESS: 6464 185TH AV NE SUITE 100 CITY/ST/ZIP/CO: REDMOND, WA 98052 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREG VIECELI TITLE: PRESIDENT ADDRESS: 6464 185TH AV NE SUITE 100 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: PATTIE ALLEN TITLE: VICE PRESIDENT ADDRESS: 6464 185TH AVE SUITE 120 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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NAME: BARBARA ATKINSON TITLE: VICE PRESIDENT ADDRESS: 6464 185TH AVE SUITE 120 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF CARPENTER TITLE: VICE PRESIDENT ADDRESS: 333 CLAY STREET SUITE 4550 CITY/ST/ZIP/CO: HOUSTON, TX 77002 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFF CARPENTER TITLE: VICE PRESIDENT ADDRESS: 333 CLAY STREET SUITE 4550 CITY/ST/ZIP/CO: HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEFF CARPENTER TITLE: VICE PRESIDENT ADDRESS: 333 CLAY STREET SUITE 4550 CITY/ST/ZIP/CO: HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TOM CLANCY TITLE: VICE PRESIDENT ADDRESS: 516 VIRGINIA DR CITY/ST/ZIP/CO: FT WASHINGTON, PA 19034 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TOM CLANCY TITLE: VICE PRESIDENT ADDRESS: 516 VIRGINIA DR CITY/ST/ZIP/CO: FT WASHINGTON, PA 19034	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TOM CLANCY TITLE: VICE PRESIDENT ADDRESS: 516 VIRGINIA DR CITY/ST/ZIP/CO: FT WASHINGTON, PA 19034	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	DICK COSTELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 CLAY STREET		
CITY/ST/ZIP/CO:	SUITE 4550 HOUSTON, TX 77002		
NAME:	CAROL L COWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE		
CITY/ST/ZIP/CO:	SUITE 120 REDMOND, WA 98052		
NAME:	JERRY DILLINGHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 CLAY STREET		
CITY/ST/ZIP/CO:	SUITE 4550 HOUSTON, TX 77002		
NAME:	WILLIAM R DUFFEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	635 MARYVILLE CENTRE DR		
CITY/ST/ZIP/CO:	SUITE 120 CHESTERFIELD, MO 63141		
NAME:	JORGE E FLOREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10900 NE 4TH ST STE 500		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004		
NAME:	MICHAEL T FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	TERRENCE W GRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	GARY GRISWOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	VICKI HUYNH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	CARL G JACOBSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MONROE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661		

NAME:	TOM JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	THOMAS D. JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	STEPHEN J KAISER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	STEWART B. KOENIGSBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	KEVIN L. KORSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	STEVE LITTLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	ROSS MCFADDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	DOUGLAS MCKAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10550 BARKLEY ST		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66212		
NAME:	DOUG MISNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	JOHN MONAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		

NAME:	SUZANNE R SARTORI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	635 MARYVILLE CENTRE DR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63141		
NAME:	JULIA SILVERSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MONROE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661		
NAME:	ELLEN WOODHAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	SHANNAN WOOTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVENUE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	KEVIN L KORSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	AMY J AYALA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	KELLY HALLFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8377 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255		
NAME:	TODD V JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255		
NAME:	AIMEE J HARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	CAROLYN CRAFT MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255		

NAME:	GREG R NIELSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255		
NAME:	LUCY RODRIGUEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	STEWART B KOENIGSBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	JOHN AMATO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	800 LONG RIDGE RD		
CITY/ST/ZIP/CO:	STAMFORD, CT 06927		
NAME:	DONNA M FIAMMETTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	800 LONG RIDGE RD		
CITY/ST/ZIP/CO:	STAMFORD, CT 06927		
NAME:	KENNETH E KEMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	3001 W RADIO DRIVE		
CITY/ST/ZIP/CO:	FLORENCE, SC 29501		
NAME:	TIMOTHY P LANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	ROBERT E MALITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12 CORPORATE WOODS BLVD		
CITY/ST/ZIP/CO:	ALBANY, NY 12211		
NAME:	ALEC BURGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	MICHAEL G. ROWAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	LLOYD R WORTHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	10900 NE 4TH ST		
CITY/ST/ZIP/CO:	STE 500 BELLEVUE, WA 98004		

NAME:	SUZANNE R SARTORI	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	635 MARYVILLE CENTRE DR		
	SUITE 120		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63141		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LUCY RODRIGUEZ	LUCY RODRIGUEZ, ASST	9/11/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			